

**AFFIDAVIT OF EXEMPTION FROM THE
KENTUCKY WORKERS COMPENSATION ACT**

(Individual)

Applicant, pursuant to KRS 342.610(5), hereby declares exemption from the requirement to obtain worker's compensation insurance as set forth in KRS 342.340. In support of this claim to exemption, applicant states that the following facts are true and correct:

Full Name of Applicant _____

Home Address _____

Phone No. _____ - _____

City/State/Zip _____

FEIN or SSN _____

Average No. of Employees _____

The foregoing is true and correct as I cerily believe and swear.

Applicant/or authorized agent

State of Kentucky
County of Mercer

The foregoing Affidavit of Exemption was acknowledged and sworn to before me by _____, this _____ day of _____, 2006

NOTARY PUBLIC
KENTUCKY STATE AT LARGE

MY COMMISSION
EXPIRES:

8/1/2009

Notice to Affiant: Fraudulent execution of this form constitutes a criminal offense (KRS 523.030) under the laws of the Commonwealth.